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To Request a Search for an IOWA Birth, Death or Marriage Record for the Purpose of Obtaining a Certified Copy

In Iowa, official registration of births began July 1, 1880. Original records that were registered are on file with the Iowa Department of Public Health, Bureau of Health Statistics. Statewide record searches are available from the state registrar. Local vital records registrars are located in county recorders' offices, where records of births that have occurred in that county are maintained. The state vital record system is closed to public inspection. However, birth, marriage and death records may be inspected as of right under Iowa Code section 22 when in the custody of the county registrar. IAC 144.43

Applications to search for a vital record event for the purpose of obtaining a certified copy must be in writing, completely identify the record, and establish entitlement to the record being requested. Entitled persons include the person named on the record or that person's spouse, children, legal parents, grandparents, grandchildren, siblings, or legal representative or guardian. Legal guardians and representatives must also provide additional proof of guardianship or representation. Applicants must be 18 or older. **Requests must include the applicant's current government-issued photo identification (i.e., driver's license), except if by mail, a clear photocopy of the I.D., and the applicant's signature signed in front of a notary public or in the presence of an Iowa Registrar of Vital Records.**

FEES: As of Jan. 1, 2014, a non-refundable \$20 fee is required to search for a record and includes one certified copy if the record is located. Each additional copy of the same record is \$20. Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Checks must be written from the applicants' account; money orders must be in the name of the applicant. Fees must be paid at the time of the application (Iowa Constitution, Article VII, Section 1).

Exchange of Wallet Card: Any pink/blue wallet sized birth certificates issued between 1993 to 2009 can be exchanged for no fee. Follow instructions for completing the Application for search of vital record. The original pink/blue wallet birth certificate may be returned along with a completed application and proof of ID (photocopy of driver's license) to any issuing office in Iowa. If the wallet sized birth certificate is not exchanged, applications must be sent to the state office at the address listed below.

STATE CERTIFIED COPIES.

Certified copies of birth certificates may be obtained from the state Bureau of Health Statistics by telephone, in-person, or through a postal service. Fees are payable in U.S. funds by check or money order to the Iowa Department of Public Health. In-person requests may also be paid in cash. ***Genealogy requests may take up to 60 business days for processing, regardless of the method of application, and will be mailed to applicants.***

Telephone: Customers may call toll-free to 1-866-809-0290 from 6:00 am CST through 7:00 pm CST, Monday through Friday, except for holidays. A fee of \$20 is charged for the record search and includes one copy if a record is on file in the state office. Each additional copy of the same record is \$20. A VitalChek operator will take the caller's information, screen the credit card, authenticate the caller's identity and complete the order. The fee to screen the credit card and authenticate the caller is an additional \$13.00. Group orders consisting of more than one event type (i.e. birth, death or marriage) within one transaction will be charged an additional \$3.00 fee. Turnaround time may be about two (2) weeks, depending on volume and mail service. ***Genealogy requests are not available by telephone request.***

In-person: Applications may be made in-person at the state Bureau of Health Statistics 7:00 a.m. to 4:45 p.m., Monday through Friday, except for state-observed holidays, at the address below, just inside the north lobby entrance and to the right. The Lucas building is the first building east of the state Capitol. Applicants must provide current government-issued photo identification and sign their request in the presence of registrar staff. Certificates are "generally" ready for pick up the next business day after 2:00 PM or mailed to an entitled person. Mail time may take 5 to 7 additional days.

Postal service: Written requests and fees are mailed to the address below. Requests must state the relationship to the person named on the record and the purpose for the copy. Turnaround time may be 4 to 6 weeks, depending on seasonal demands and mail service. ***The request must be signed in front of a notary public and include a clear photocopy of the applicant's current government-issued photo identification.***

Iowa Department of Public Health
Bureau of Health Statistics
Lucas State Office Building
1st Floor, 321 E. 12th Street
Des Moines, Iowa 50319-0075

SEE OTHER SIDE FOR AN APPLICATION FORM.
FORM MAY BE USED FOR EITHER A COUNTY-CERTIFIED OR A STATE-CERTIFIED COPY OF AN IOWA VITAL RECORD

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APPLICATION FOR A SEARCH FOR AN IOWA VITAL RECORD

OFFICE-USE ONLY

Application ID _____

Security # _____

- This application is for a **SEARCH** for an **IOWA** birth, death or marriage record.
- Fees are due upon application.
- If requesting a certified copy of a birth record, complete all items except 2(A).
- If requesting a certified copy of a death record, complete all items except 2(A) and 7.
- If requesting a certified copy of a marriage record, complete all items, including 2(A).
- SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS AND INFORMATION

1. **EVENT TYPE** (Check one) BIRTH DEATH MARRIAGE FETAL DEATH BIRTH RESULTING IN STILLBIRTH2. **PERSON'S NAME AS IT APPEARS ON THE RECORD** _____
FIRST MIDDLE, if any LAST (Surname)2a. If for Marriage record, SPOUSE'S NAME _____
FIRST MIDDLE, if any LAST (Surname)3. **DATE OF EVENT** (Birth, Death, or Marriage) – BE SPECIFIC – Month, Day, Year _____4. **PLACE OF EVENT – ONLY EVENTS THAT OCCUR IN IOWA**
(City and/or County) _____5. **PARENT'S FULL NAME PRIOR TO ANY MARRIAGE** – First, Middle, Last (Surname) _____6. **2ND PARENT'S FULL NAME** – First, Middle, Last (Surname) _____7. (Birth Only) WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH? Yes No Unknown8. **LEGAL ACTIONS TO BIRTH RECORD** None Adoption Paternity Establishment Legal Change of Name8a. IF A LEGAL ACTION OCCURRED, LIST PREVIOUS NAME (on birth certificate) _____
Marriage does NOT change the birth certificate.9. **PURPOSE FOR COPY** _____ 10. **BIRTHDATE OF APPLICANT** _____11. **RELATIONSHIP OF PERSON RECEIVING THIS COPY TO PERSON NAMED ON THE RECORD** _____12. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY:** (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)

12a. Name of Applicant/Recipient _____

12b. Street address and P.O. Box (if any) _____

12c. City, State and Zip Code _____

13. **THE SEARCH RESULT IS TO BE** (Check one) Mailed Picked up (for in-person requests only)14. **THE NON-REFUNDABLE FEE TO SEARCH IS \$20.00** and one certified copy is issued if the record is located.
Each additional copy of the same record is \$20.00. Indicate the number of copies of this record you need. _____15. **THIS SEARCH PAID BY** (Check one) Check Money Order Cash No Fee Exchange 16. **AMOUNT ENCLOSED** _____

Checks must be written from the applicant's account; money orders must be in the name of the applicant. Fee payment must accompany this form.

17. **APPLICANT'S NAME** (Print clearly) _____ 18. **DAYTIME PHONE #** _____
(Include area code)

I certify that the information provided on this application is accurate and complete to the best of my knowledge and that I have legal entitlement to a certified copy of this record. I have signed below in front of a notary public or an Iowa registrar of vital records.

19. **APPLICANT'S SIGNATURE** _____ 20. **DATE** _____

APPLICANT'S NAME AS APPEARS ON PHOTO I.D. (Print clearly) _____

State of _____ County of _____ ss _____ (SEAL)

Signed and affirmed in my presence on this ____ day of _____, _____.

_____, My commission expires: _____

Notary Public Signature

Administrative
Use Only

I.D. _____

Initials _____

Genealogy/Family History Proof of Entitlement

Addendum to application for certified copy of an Iowa vital event for genealogy and family history purposes.

This completed and notarized Proof of Entitlement must accompany each request for a copy of an Iowa vital event for the purposes of genealogy and/or family history. Proof of a direct blood lineage may also be required.

Type of Event:	Date of Event:
<input type="text"/>	<input type="text"/>

Name of person applying for a copy of the record on file:	Name of person named on the record (i.e., registrant):
<input type="text"/>	<input type="text"/>

Relationship to person named on the record: *(Circle One)*

- | | | | |
|-------------------------|--------------------------|--------------------|-------------------|
| Child | Parent | Niece | Aunt |
| Grand Child | Grand Parent | Nephew | Uncle |
| Great Grand Child | Great Grand Parent | Grand Niece | Grand Aunt |
| Great Great Grand Child | Great Great Grand Parent | Grand Nephew | Grand Uncle |
| Step-Child | Step-Parent | Great Grand Niece | Great Grand Aunt |
| Brother | Step-Brother | Great Grand Nephew | Great Grand Uncle |
| Sister | Step-Sister | First Cousin | Third Cousin |
| Half-Brother | Half-Sister | Second Cousin | |

Other relationship not listed above:	Purpose for the copy:	Related through marriage?
<input type="text"/>	<input type="text"/>	<i>(Circle One)</i> Yes No

Comments: _____

CERTIFICATION ACKNOWLEDGEMENT:

*I affirm that I am of direct blood lineage to the person named on the vital event record that I am requesting.
I have signed the attached application in front of a Notary Public.*

SIGNATURE _____

DATE SIGNED _____

Include a photocopy of your identification with your application.

Attorney Proof of Entitlement

Addendum to application for certified copy of an Iowa vital event by an attorney on behalf of a client.

This completed and notarized Proof of Entitlement must accompany each request for a certified copy of an Iowa vital event by applicants alleging to be the registrant's or the registrant's immediate family's attorney at law.

Type of Event:	Date of Event:
<input type="text"/>	<input type="text"/>

Name of person granting representation rights (client):	Name of person named on the record (registrant):
<input type="text"/>	<input type="text"/>

Name of attorney legally representing the registrant and/or the registrant's immediate family:
<input type="text"/>

Purpose of representation:	Date representation began:	Client agreement signed:
<input type="text"/>	<input type="text"/>	(Circle One) Yes No

CLIENT'S CERTIFICATION ACKNOWLEDGEMENT:

I affirm that I have given the attorney named above entitlement to obtain a certified copy of an Iowa vital event that I need to determine or protect my personal or property interest. I have signed below in front of a Notary Public.

SIGNATURE _____ DATE SIGNED _____

State of _____ County of _____ ss _____ Name as appears on identification Signed and affirmed in my presence on this ____ day of _____, _____. _____ Notary Public Signature, My commission expires: _____	(SEAL)	Documentation used for Notarization (indicate below)
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ATTORNEY'S CERTIFICATION ACKNOWLEDGEMENT:

I affirm that I represent the client named above for legal purposes and the certified copy is needed to determine or protect the client's personal or property interest. I have signed below in front of a Notary Public.

SIGNATURE _____ DATE SIGNED _____

State of _____ County of _____ ss _____ Name as appears on identification Signed and affirmed in my presence on this ____ day of _____, _____. _____ Notary Public Signature, My commission expires: _____	(SEAL)	Documentation used for Notarization (indicate below)
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Include a photocopy of the attorney's identification that was used for notarization.